University at Buffalo
The State University of New York

Eligibility Confirmation Form for School Transfer by an F-1 Student

This form is required of all international students currently in the U.S. in F-1 status, regardless of whether or not the student intends to travel outside of the U.S. Complete and return this form only after receiving a formal letter of admission from the University at Buffalo. After receiving UB's letter of admission, the student needs to complete this form and give it to a Designated School Officer (International Student Advisor) to complete, sign and return to the University at Buffalo. After we receive this form and your Transfer Release Date has passed, we will issue your Form I-20.

Please follow the instructions below:

1. Section 1 is to be completed by the student after receiving admission from UB.

2. Section 2 is to be completed by a Designated School Official (DSO) at your current school. The DSO will also:
    a. Enter into SEVIS your intent to transfer to the University at Buffalo (UB is listed as **"State University of New York at Buffalo – State University of New York at Buffalo" (BUF214F00010000)** in the SEVIS Transfer School list; please note that there are three University at Buffalo SEVIS codes; use only **BUF214F00010000**), and
    b. Enter into SEVIS a ***"transfer release date***" on which your electronic record will become accessible to the University at Buffalo.

3. Return the completed School Transfer Form to the University at Buffalo. Please include copies of all immigration-related documents listed below:
    a. Copy of the biographic page from your passport
    b. Copies of ALL previous I-20s (pages 1 and 3) issued by other schools

4. Report to the Office of International Student and Scholar Services at the University at Buffalo during International Student Orientation. Bring copies of your passport and all immigration documents with you at that time.

If you or your school's Designated School Official (DSO) has any questions about the transfer process, please telephone the University at Buffalo Office of International Admissions at (716) 645-6121.

University at Buffalo, International Admissions, 17 Capen Hall, Buffalo, NY 14260
Fax: (716) 645-3240 / Telephone: (716) 645-6121

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Eligibility Confirmation Form for School Transfer

SECTION 1: *TO BE COMPLETED BY STUDENT (after receiving admission to UB)*

I authorize a DSO at my current school to complete Section 2 of this form and send it to the Office of International Admissions at the University at Buffalo.

Name (please print): _____ _____
Family Name Given Names

UB ID Number: | | | | | | | | | Date of Birth: __ __ / __ __ / __ __ __ __
M M D D Y Y Y Y

Name of Current School: _____

Student Signature: _____ Date: _____

SECTION 2: *TO BE COMPLETED BY DESIGNATED SCHOOL OFFICIAL (DSO)*

Please check the appropriate boxes below, provide the information requested, and return this form to UB.

☐ The student named above: (1) has been enrolled in a full-time course of study, (2) is considered to be maintaining lawful F-1 status, (3) is eligible to transfer, (4) will not have a gap greater than 5 months between completion of studies at the current school or completion of OPT and the anticipated start of studies at the University at Buffalo; and (5) the student's SEVIS record has not been cancelled, completed, terminated or transferred to another school already.

☐ This student would be eligible to continue studies at the current school.

☐ This student is / will be on OPT (do not release her/his SEVIS record to UB until OPT is completed or to be given up; once the SEVIS record is transferred to UB, any approved OPT status will be automatically terminated).

☐ This student is **not** eligible to transfer because s/he is out-of-status and has been advised to apply for reinstatement.

☐ This student would **not** be eligible to continue studies at the current school because:

☐ This student has been approved for a Reduced Course Load; _____ Degree Level,
_____ Reason for RCL

☐ Our school is not authorized to enroll international students in SEVIS.

- This student's SEVIS Identification Number is: _____
- This student's Transfer Release Date in SEVIS is: _____
  Please indicate a specific date. Complete this form and return it to UB only when a specific date is known.
  Please release the student to: "State University of New York at Buffalo – State University of New York at Buffalo" (BUF214F00010000); please note that there are three (3) UB SEVIS codes; use only BUF214F00010000.

DSO Signature: _____ E-Mail Address: _____

DSO Name (Please print): _____ Date: _____

Phone Number: _____ Fax Number: _____

Fax or Mail this page to:

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